

Effective October 1, 2003

CLAIMS AS FILED - PART I

(Column 2)

| | | |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 3 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 3 minus 20 = | * / |
| INDEPENDENT CLAIMS | 1 minus 3 = | * / |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

TYPE ☐

OF

SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL | 770 |

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** |
| Independent | * | Minus | *** | = |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

OR

**OTHER THAN
SMALL ENTITY**

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|--------------------------|
| | Total | * | Minus | ** |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

(Column 3)

| | | | | | |
|-------------|--|---|-------|---|------------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|--------------------|----------------|----|--------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT FEE | | OR | TOTAL ADDIT FEE | |

- FORM PTO-875 (Rev 10/03)